

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted DENALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0103 - DC - 2003 - 116		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) NORTON SOUND HEALTH CORPORATION P.O. Box 966, Nome, Alaska 99762					
4. Employer Identification Number 92004 1488		5. Recipient Account Number or Identifying Number HOSPITAL DESIGN		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 09 30 2003		To: (Month, Day, Year) 08 31 08		9. Period Covered by this Report From: (Month, Day, Year) OCT 01 07	
		To: (Month, Day, Year) Dec 31 07			
10. Transactions:		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		5,292,327.69		686,653.64	
b. Recipient share of outlays		120,000.00		120,000.00.00	
c. Federal share of outlays		5,172,327.69		686,653.64	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				5,858,981.30 0.00	
h. Total Federal funds authorized for this funding period				11,180,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				5,321,018.67 0.00	
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title NAT PALANIAPPAN C.F.O.				Telephone (Area code, number and extension) 907 443 3201	
Signature of Authorized Certifying Official 				Date Report Submitted February 27, 2008	

ACCEPTED